

NON-SEDATING ANTIHISTAMINES

(Zyrtec, Allegra, Clarinex)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Contact person: _____

Phone#: _____ Extensions and options _____ Fax# _____

Pharmacy _____ Pharmacy Phone# _____

Medication being
requested _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES.

NOTE: Children through the age of 10 may have Zyrtec liquid without a prior authorization

CRITERIA:

- ▶ **DOCUMENTATION** stating when and how Claritin (loratadine) or Alavert has failed.

INFORMATION: non-sedating antihistamines limited to 30 doses/30 days.

AUTHORIZATION:

1 year

RE-AUTHORIZATION:

Telephone request from physician's office or pharmacy.

